(Rev. November 2013)

## Political Organization Report of Contributions and Expenditures

	ent of the Treasury Revenue Service	► Do not enter So	cial Security numb				_			
Α	For the period beg			, 20 13		l ending	DECEN	BER	, 2	013
В	Check applicable t	ooxes: Initial rep	ort 🗆 Chan	ige of ad	dress	Amended	l report	☐ Final r	eport	
1	Name of organizat		_	.4	(52		Employe	dentifica	ation num	523
2	Mailing address (P	O. Box or number, street	, and room or suite r			DE.		<i>γ-                                    </i>	1313	. 23
	City or town, state	or province, country, and	· · · · · · · · · · · · · · · · · · ·	al code	TA	S	570	***		
3	Email address of o	rganization IEG	dione C	94	rail.	com	4 Date or	- /	was formed	
5a	Name of custodian	Daniels.	<b>^</b>	1	Custodian' 356 W'(	6 M	A for	5) 5)	Dr.	
6a	Name of contact p			6b	Contact pe	rson's address	3			
	•	Same as	& Some		Se	m	an f	150	re	
7	Business address	of organization (if different	t from mailing addre	ss showr	above). Nu	mber, street, a	and room or su	te number		
	City or town, state	or province, country, and	ZIP or foreign posta	al code		<del></del>	<del> </del>	<del>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</del>	·	
8	Type of report (che	ck only one box)								
а	First quarterly	eport (due by April 15)		f	(due by		ollowing the mo		above, ex	cept the
ь	Second quarte	rly report (due by July 15)			Decemb	er report, whic	ch is due by Jai	nuary 31)		
c	☐ Third quarterly	report (due by October 1	5)	g			e by the 12th c	r 15th day	before the	•
ď	Year-end repor	t (due by January 31)			election) (1) Ty	pe of election:				
6	☐ Mid-year repor	t (Non-election year only	KIECENKEL	-0	` '	ate of election: or the state of:				
		E1-98	MAY 0 5 2014	IRS 20S	Post-ge		eport (due by t	he 30th da	y after ger	neral
			GDEN, U	,	• •	ate of election: or the state of:				
9	Total amount of re	ported contributions (total	from all attached So	chedules	3 A)			9	00	.00
10	Total amount of re-	oorted expenditures (total	from all attached Sc	chedulae	<b>. B</b> )			10	00	Ó
Sign	Under penalties of p belief, it is true, com	erjury, I declare that I have				chedules and sta		the best of	ny knowled	-
lere	Signature of au	tho zed do	3 on w		P. 25-48-	· · · · · · · · · · · · · · · · · · ·	- ) <del>Date</del>	-07	* /C-	2017
or Pa		ct Notice, see separa	te instructions.		Cat.	# 39406G	!	Form	3872 (Rev	11-2013)

MAY 1 3 2014

SCANNED JUN 2 4 2014

Name of organization LEAS	Schedule A page of Employer Identification number	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	27 - 275/52.  Amount of contribution
Continues of Straine, maining address and 211 Code	Traine of contributor o employer	Anothe of contribution
	Contributor's occupation	
		\$ Date of contribution
	Aggregate contributions year-to-date	bate of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions	Date of contribution
	year-to-date	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$ Date of contribution
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Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
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	Aggregate contributions year-to-date	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
		\$ Date of contribution
	Aggregate contributions year-to-date	Date of Contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	<del></del>
	Contributor o occupation	<b>  \$</b>
	Aggregate contributions	Date of contribution
Contributor's name, mailing address and ZIP code	year-to-date ▶   \$ Name of contributor's employer	Amount of contribution
out of the state o		
	Contributor's occupation	s
	Aggregate contributions	Date of contribution
	year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	s
	Aggregate contributions	Date of contribution
	year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	<del></del>	\$ Date of contribution
	Aggregate contributions year-to-date ▶ \$	Date of Continution
Subtotal of contributions reported on this page only. En	ter here and also include this amount in the total	on line 9 of
Form 8872	<u> </u>	b s 00·00

Schedule B Itemized Expenditures	Schedule B page of	
Name of organization LEAD 3	Employer identification number 27 - 275 / 5	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		s
	Recipient's occupation	Date of expenditure
urpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
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	Recipient's occupation	Date of expenditure
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Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	S Date of expenditure
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urpose of expenditure	<u> </u>	
lecipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
urpose of expenditure		
eciplent's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		s
	Recipient's occupation	Date of expenditure
urpose of expenditure		
ecipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
urpose of expenditure		<u> </u>
ubtotal of expenditures reported on this page only. Er	ter here and also include this amount in the tot	al on line 10 of
orm 8872		- S OO O D